

**Arthur S. Reese Student Continuing Education Grant Application**  
**Application for Graduating Seniors of McGuffey, Trinity and Washington High Schools**  
**Please email to [finance@fairhillmanorchurch.org](mailto:finance@fairhillmanorchurch.org) by May 1.**

**PERSONAL DATA**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle initial) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Email address: \_\_\_\_\_

Name and address of parent(s), guardian(s) or spouse: \_\_\_\_\_

\_\_\_\_\_

Name of high school you attend or graduated from: \_\_\_\_\_

Date/anticipated date of high school graduation (month/year): \_\_\_\_\_

Approximate scholastic grade point average: \_\_\_\_\_ (attach official transcript)

Extracurricular activities, honors, community service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED**

Educational institution: \_\_\_\_\_

Address: \_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated course of study: \_\_\_\_\_

Date term begins: \_\_\_\_\_

***In a separate document, please write a brief narrative about your intended career. Explain how and why you became interested in your choice and how you will use your chosen career to be of service to your fellow citizens and community. Please include the document with your application.***

Signature \_\_\_\_\_ Date \_\_\_\_\_